



2009/10 Membership Application Form

Membership of the Medical Technology Association Australia Limited (ABN 61 129 334 354) is available to organisations which are actively involved in operating a medical technology company in Australia (as defined in the MTAA constitution).

This application form is to be **completed in full** and returned to MTAA via fax on (02) 9900 0655 or post to PO Box 2016 North Sydney, NSW 2059.

Primary Organisation Details

Organisation Name: _____

ABN: _____ **Date of Incorporation:** ___/___/___ **Listed or Private (circle)**

Country of Ownership: _____

Street

Address: _____ **Suburb:** _____ **State:** _____ **Postcode:** _____

Postal

Address: _____ **Suburb:** _____ **State:** _____ **Postcode:** _____

Main Phone: _____ **Fax:** _____ **Web:** _____

Subsidiary Companies *(Please attach a separate sheet if necessary)*

Subsidiary Company Name: _____

Address: _____ **Suburb:** _____ **State:** _____ **Postcode:** _____

Main Phone: _____ **Fax:** _____ **Web:** _____

Principal Activities & Products

What are the principal activities of your organisation in Australia? Please tick all that apply

- | | |
|-----------------------------------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> Australian manufacturer of medical device products | <input type="checkbox"/> Importer of medical device products |
| <input type="checkbox"/> Australian exporter of medical device products | <input type="checkbox"/> Importer of IVD products |
| <input type="checkbox"/> Australian manufacturer of IVD products | <input type="checkbox"/> Importer of diagnostic imaging equipment |
| <input type="checkbox"/> Australian exporter of IVD products | |

Products

What are the principal products supplied or manufactured by your company in Australia?

Please tick all that apply

- | | |
|--------------------------------------------------------|---------------------------------------------------------------------------|
| <input type="checkbox"/> Anaesthetic equipment | <input type="checkbox"/> Dialysis |
| <input type="checkbox"/> Bandages / wound care | <input type="checkbox"/> Disinfectants (instrument grade) |
| <input type="checkbox"/> Beds, ward equipment | <input type="checkbox"/> Hearing |
| <input type="checkbox"/> Cardiovascular | <input type="checkbox"/> Human/animal origin |
| <input type="checkbox"/> Contact Lenses / lens care | <input type="checkbox"/> Imaging / xray / nuclear medicine / radiotherapy |
| <input type="checkbox"/> Continence aids | <input type="checkbox"/> Infection control (eg gloves, condoms) |
| <input type="checkbox"/> Critical care & resuscitation | <input type="checkbox"/> IVD |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Mobility aids |



- | | |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> Monitoring | <input type="checkbox"/> Spinal/neurological |
| <input type="checkbox"/> Ophthalmic surgical equipment, appliances & implants | <input type="checkbox"/> Stoma /Ostomy care |
| <input type="checkbox"/> Orthopaedic surgical equipment, appliances & implants | <input type="checkbox"/> Surgical products - general |
| <input type="checkbox"/> Prostheses (all types) | <input type="checkbox"/> Sharps, syringes, needles & disposal containers |
| <input type="checkbox"/> Prostheses, surgically Implanted | <input type="checkbox"/> Trauma |
| <input type="checkbox"/> Pumps - Chemotherapy / insulin/ IV / Pain management | <input type="checkbox"/> Urology (excluding dialysis) |
| <input type="checkbox"/> Rehabilitation, mobility & independent living | |

Employees

How many people does your organisation employ in Australia?

Total _____

Manufacturing _____ **R&D** _____ **Sales & Marketing** _____ **Regulatory** _____ **Other** _____

Nomination of Authorised Representative

Every member must appoint a person (either a partner, director or executive officer) as their Authorised Representative and (except for an associate or affiliate member) who is authorised to vote on behalf of the member at a general meeting of MTAALtd.

Please nominate your 2009/10 Authorised Representative:

Title: _____ First: _____ Surname: _____ Position: _____

Direct phone: _____ Mobile: _____ Email: _____

Declaration

I (name) _____, being the Authorised Representative of

(company name) _____

hereby apply for membership to the Medical Technology Industry of Australia Ltd for 2009/10. As a member of MTAALtd, I confirm that the company will:

- a) abide by the Constitution of the Medical Technology Association of Australia Ltd; and;
- b) abide by the MTAALtd/MIANZ Code of Practice.

I certify that the *total* Australian turnover on the sale of medical technology products in the most recent financial year ending prior to 30 June 2009 is \$ _____. I acknowledge that the annual subscription fees will be calculated on this amount.

Australian sales local manufacture \$ _____ /YR

Export sales \$ _____ /YR

Signature of CEO or MD _____ **Name:** _____ **Date:** _____

Signature of Authorised Representative _____ **Name:** _____ **Date:** _____